



Texas Department of Agriculture
Regulatory Change Template B
(Egg, General Aquaculture, Nursery Floral, Weights & Measures,
Organics-except Broker and Private Certifier)

R-002

TODD STAPLES, COMMISSIONER

SECTION A	¹ VERIFICATION INFORMATION	
	Full Legal Business Name	
	TDA Client No.	TDA License No.

Please provide **only** the information below that has changed.

SECTION B	¹ APPLICANT INFORMATION	
	Full Legal Business Name (owner's name if sole proprietor – no aliases)	
	DBA (if applicable)	

SECTION C	¹ RESPONSIBLE PERSON INSTRUCTIONS			
	Please list the full legal name (no aliases or nicknames) of the primary person responsible for the business, as indicated: <ul style="list-style-type: none">• For a corporation, limited liability company, or cooperative, the president or CEO• For a limited or general partnership, the managing partner or general manager• For any other type of business, the general manager			
	You may change only the CEO, President, Managing Partner or General Partner information. If you are a Sole Proprietor, and there is a change in ownership, you must apply for a new license.			
	² RESPONSIBLE OFFICER, PARTNER, MANAGER, OR OWNER			
	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> _____	First Name	M. I.	Last Name
	Phone No. () - Ext.		E-mail	
	³ RESPONSIBLE PERSON MAILING ADDRESS			
Address				
City		State	Zip	County

This application becomes public record and is subject to disclosure. With few exceptions, you have the right to request and be informed about the information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. (Reference: Government Code, Sections 522.021, 522.023, and 559.004.)

SECTION D	¹ PERSON TO CONTACT FOR LICENSE-RELATED MATTERS				
	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> ____		First Name	M. I.	Last Name
	Title		Primary Phone () - Ext.		
	Secondary Phone (optional) () - Ext.		Fax (optional) () - Ext.		
	E-mail (optional)		Would you prefer to be contacted by E-mail? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	² MAILING ADDRESS				
Address					
City		State	Zip	County	

SEC. E	¹ FACILITY INFORMATION
	Facility Name

SECTION F	¹ NEW RESIDENT AGENT - OUT-OF-STATE APPLICANTS ONLY		
	Who do you wish to designate as resident agent? <input type="checkbox"/> The Texas Secretary of State <input type="checkbox"/> Other (list below)		
	New Resident Agent Name		
	New Resident Agent Address		
	City	Zip	Business Phone () - Ext.

SECTION G	¹ SIGNATURE		
	By submitting changes to licensing information, the person submitting the changes certifies that he or she is authorized to make such changes on behalf of the licensee and that all information provided is true and correct to the best of the person's knowledge. Any misrepresentation or false statement made by the licensee or the licensee's authorized representative in connection with such changes, whether intentional or not, may result in denial, revocation, or non-renewal of any affected license and/or assessment of monetary administrative penalties.		
	Applicant Name (print)		Title
	Applicant Signature		Date (mm/dd/yyyy) / /